



BMI CHART

Date: ___ / ___ / ___

Name: _____ Age: _____ yrs Sex: M / F

BP: 110/80 Height (cms): 151 Weight(kgs): 54kg BMI: 23

SP02 - 97%

WEIGHT (kg)	100	105	109	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	
kg	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7	
HEIGHT (inches)	Underweight					Healthy					Overweight					Obese					Extremely Obese				
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'4" - 162.5	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
5'6" - 167.6	16	17	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'7" - 170.1	16	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'8" - 172.7	15	16	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
5'9" - 175.2	14	15	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
5'10" - 177.8	14	15	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
6'0" - 182.8	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'1" - 185.4	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'2" - 187.9	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'3" - 190.5	12	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
6'4" - 193.0	12	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

Doctors Notes:

Signature



UHID	13026413	Date	12/03/2024	
Name	Mrs Avadhanula Saveri	Sex	F	Age 32
OPD	Ophthal	Health Check-Up		

Clas. No.

Hw. No

Drug allergy: -> not know
 Sys illness: -> NO
Habit -> NO.

U-I-V → RG 6/6
 → G 6/6
 NV → NO
 → NO

Reflex → RG, Pinner 6/6
 → G, Pinner 6/6

MV → RG No.
 → G No.

IOP → RG → 15.9
 → G → 15.3

All good

20-20mle
 ↓
 20mi / 30mi ✓
 ↓
 20mi / 30mi ✓
 (rat)

* PEh - Tears — ○ — ○ — ○ — ○
 Hirsch



UHID	13026413	Date	12/03/2024
Name	Mrs Avadhanula Saveri	Sex	F Age 32
OPD	PAP	Health Check-Up	

Dr. Sheela

Drug allergy: → No
 Sys illness:

32/F P2L2A2 - Prev of USG & TL not done
 H/O Husband → Vasectomy done → 3 months ago
 → O/H/O Umbilical hernia @ 1/2 yr ago
 No Comorbidities

LMP → 20/2/24
 Regular Cycle / Moderate flow / 4-5 days / Every 26-30 days

A1 - MTP Pills
 P14 - (M) / 6 1/2 yrs / USG illud Oligo hydram
 P2L2 - (M) / 3 1/2 yrs / USG illud Prev LCG
 A2 - Dfrc done 8 months ago

Mother - DM, Hypothyroidism
 Father → DM, HTN, Angioplasty
 Grandmother (maternal) → DM, Breast Ca
 Aunt (Maternal Sister) → Breast Ca (benign)

Ps → (M/Vg) → (M)
 Minimal white discharge ⊖

Ad.
 - Pap Smear taken
 - Pap Smear every 3 yrs
 - counselled about HPV Vaccin
 - Etc & report.



UHID	13026413	Date	12/03/2024		
Name	Mrs Avadhanula Saveri	Sex	F	Age	32
OPD	Dental	Health Check-Up			

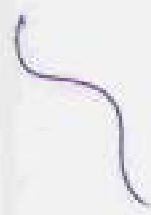
O/E - Stain ++
 - Calculus ++

Drug allergy:
 Sys illness:

- Occlusal facet \bar{c} $\frac{c}{c}$

Treatment

Ald - Scaling Grade I



Dr. Trupti

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC002301
PATIENT ID : PH.13026413
CLIENT PATIENT ID: UID:13026413
ASHA NO : 1

AGE/SEX : 32 Years Female
DRAWN : 12/03/2024 09:39:00
RECEIVED : 12/03/2024 09:40:29
REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294
CORP-OPD
BILLNO-1501240PCR014376
BILLNO-1501240PCR014376

Test Report Status **Final**

Test Report Status	Results	Biological Reference Interval	Units
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS METHOD	12.6	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	5.07 High	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	4.40	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	297	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	38.6	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	76.1 Low	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	24.9 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	32.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	13.7	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	15.0		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	10.4	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

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Patient Ref. No. 22000000900208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC002301

PATIENT ID : FH.13026413

CLIENT PATIENT ID: UID:13026413

ADHA NO

AGE/SEX : 32 Years Female
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CORP-OPD
BILLNO-150124OPCR014376
BILLNO-150124OPCR014376

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NEUTROPHILS		66	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		24	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		7	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		3	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		2.90	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.06	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.31	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.13	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.7		
METHOD : CALCULATED				

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, MILD MICROCYTOSIS

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE

Dr. Akshay Dhotre, MD
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Email :



Patient Ref. No. 22000000908208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XC002301	AGE/SEX : 32 Years Female
		PATIENT ID : FH.13026413	DRAWN : 12/03/2024 09:39:00
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		ASHA NO : 1	REPORTED : 12/03/2024 14:23:49

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Interpretation[s]

RBC AND PLATELET INDICES-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with macrocytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
 (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

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PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC002301	
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	09	0 - 20	mm at 1 hr
METHOD : WESTGREN METHOD			

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	4.8	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : HPLC VARIANT (HPLC)			
ESTIMATED AVERAGE GLUCOSE(EAG)	91.1	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD-TEST DESCRIPTION :-
 Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays, fully automated instruments are available to measure ESR.
 ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Pregnancy and plasma cell dyscrasias. Acute stress/ Trauma injury, Pregnancy, Estrogen medication, Aging.
 Finding a very accelerated ESR (> 100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraneoplasms, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
 In pregnancy ESR in first trimester is 0-40 mm/hr (52 if anemic) and in second trimester (0-70 mm /hr (95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythemia vera, Sickle cell anemia
LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Polycythosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Cytidine, salicylates)

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 Email :-



Patient Ref. No. 23000000908208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC002301	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 32 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 12/03/2024 09:39:00	
MUMBAI 440001		RECEIVED : 12/03/2024 09:40:29	
		REPORTED : 12/03/2024 14:23:49	
		PATIENT ID : PH.13026413	
		CLIENT PATIENT ID: UID:13026413	
		ABHA NO :	

CLINICAL INFORMATION :
 UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-150124OPCR014376
 BILLNO-150124OPCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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REFERENCE :

1. Nathan and Oski's Hematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals, AACC Press, 7th edition, Edited by S. Gordin; 3. The reference for the adult reference range is "Practical Hematology by Dacie and Lewis, 10th edition, GLYCOSYLATED HEMOGLOBIN(HbA1c): EDTA WHOLE BLOOD-Used For:

- 1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- 2. Diagnosing diabetes.
- 3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

- 1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
- 2. eAG gives an evaluation of blood glucose levels for the last couple of months.
- 3. eAG is calculated as $eAG (mg/dL) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 1. Shortened erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will likely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
- 2. Vitamin C & E are reported to likely lower test results (possibly by inhibiting glycation of hemoglobin).
- 3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uraemia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- 4. Interference of hemoglobinopathies in HbA1c estimation is seen in

- a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- c) HbF > 25% on alternate platform (Borate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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Patient Ref. No. 22000000908208

PATIENT NAME : MRS.AYADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC002301
PATIENT ID : FH.13026413
CLIENT PATIENT ID: UID:13026413
ABHA NO :

AGE/SEX : 32 Years Female
DRAWN : 12/03/2024 09:39:00
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REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294
CORP-CPD
BILLNO-150124OPCR014376
BILLNO-150124OPCR014376

Test Report Status **Final**

Results

Biological Reference Interval Units

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE O

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: *Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.*

The test is performed by both forward as well as reverse grouping methods.

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Patient Ref. No. 22000000808208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507
**FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001**
ACCESSION NO : 0022XC002301
PATIENT ID : PH.13026413
CLIENT PATIENT ID: UID:13026413
ABPA NO :
AGE/SEX : 32 Years Female
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BILLNO-150124OPCR014376
BILLNO-150124OPCR014376
Test Report Status Final
Results
Biological Reference Interval Units
BIOCHEMISTRY
LIVER FUNCTION PROFILE, SERUM

Test Name	Result	Biological Reference Interval	Units
BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.57	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.13	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.44	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	6.7	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	3.6	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.1	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.2	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PGP	13 Low	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PGP	20	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNP-AMP	57	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY ESTERASE	22	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	119	81 - 234	U/L

GLUCOSE FASTING, FLUORIDE PLASMA
FBS (FASTING BLOOD SUGAR)
89
**Normal : < 100
Pre-diabetes: 100-125
Diabetes: >=126**
mg/dL
METHOD : HEXOKINASE

**Dr. Akshay Dhotre, MD
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PATIENT NAME : MRS.AVADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC002301

PATIENT ID : FH.13026413

CLIENT PATIENT ID: UID:13026413

ABHA NO :

AGE/SEX : 32 Years Female

DRAWN : 12/03/2024 09:39:00

RECEIVED : 12/03/2024 09:40:29

REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294

CORP-OPD

BILLNO-150124OPCR014376

BILLNO-150124OPCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

METHOD : UREASE - UV

5 Low

6 - 20

mg/dL

CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PHOSPHATE KINETIC JAFFES

AGE

0.33 Low

0.60 - 1.10

mg/dL

GLOMERULAR FILTRATION RATE (FEMALE)

METHOD : CALCULATED PARAMETER

32

141.17

Refer Interpretation Below

years

mL/min/1.73m²

BUN/CREAT RATIO

BUN/CREAT RATIO

METHOD : CALCULATED PARAMETER

15.15 High

5.00 - 15.00

URIC ACID, SERUM

URIC ACID

METHOD : URICASE UV

3.2

2.6 - 6.0

mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

METHOD : BIURET

6.7

6.4 - 8.2

g/dL

Dr. Akshay Dhore, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist



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Email : *



Patient Ref. No. 22000000208208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI
REF. DOCTOR :
CODE/NAME & ADDRESS : CD00045507

 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XC002301
PATIENT ID : FH.13026413
CLIENT PATIENT ID: UID:13026413
ABHA NO :
AGE/SEX : 32 Years Female
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CLINICAL INFORMATION :

 UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-1501240PCR014376
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Test Report Status	Final	Results	Biological Reference Interval	Units
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ALBUMIN, SERUM
ALBUMIN

METHOD : BCP DYE BINDING

3.6

3.4 - 5.0

g/dL

GLOBULIN
GLOBULIN

METHOD : CALCULATED PARAMETER

3.1

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM
SODIUM, SERUM

METHOD : ISE INDIRECT

137

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.46

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

103

98 - 107

mmol/L

Interpretation(s)
Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal haem catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated levels results from increased bilirubin production (eg. hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg. obstruction and hepatitis), and abnormal bilirubin metabolism (eg. hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert Syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.



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 CIN - U74809PB1995PLC045956
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Patient Ref. No. 2200000098208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XC002301	AGE/SEX : 32 Years Female
		PATIENT ID : FH.13026413	DRAWN : 12/03/2024 09:39:00
		CLIENT PATIENT ID: UID:13026413	RECEIVED : 12/03/2024 09:40:29
		ABHA NO :	REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :
 UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-150124OPCR014376
 BILLNO-150124OPCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidney, heart, muscle, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in biliary obstruction, osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, leukemia, lymphoma, Paget disease, Multiple Myeloma, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypoparathyroidism, Malnutrition, Protein deficiency, Wilson disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and adrenal glands. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease. Lower-than-normal levels may be due to Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease, Systemic lupus erythematosus etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (Hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

GLUCOSE FASTING, PLASMA, FLUORIDE PLASMA-TEST DESCRIPTION
 Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%), Drugs: corticosteroids, phenytoin, estrogen, thiazides, methylglucoside, stomach, Neurofibroma, infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs: insulin, ethanol, propranolol, nifedipine, nitroglycerin, and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control. High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include: the renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malnutrition, Renal tubulosis, Prostatitis).

Causes of decreased level include: Liver disease, SIADH.

CREATININE (GFR)- EPI- Kidney disease outcomes quality initiative (KDIGO) guidelines state that estimation of GFR is the best overall indices of the kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.
- The GFR is a calculation based on serum creatinine test.
- Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, is younger than in older individuals, and in blacks than in whites.
- Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.
- When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
- This equation takes into account several factors that impact creatinine production, including age, gender, and race.
- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m2). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:
 National Kidney Foundation (NKF) and the American Society of Nephrology (ASN).
 Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.kidney.org/guideline/egfr>
 Shuman JK, et al. Impact of Reporting Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2023; 4:100471. 33756325
 Harrison's Principles of Internal Medicine, 21st ed, pg 62 and 334
URIC ACID, SERUM- Causes of Increased levels- Dietery (high Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Leach nylon syndrome, Type 2 DM, Metabolic syndrome. Causes of decreased levels- low Zinc Intake, OCP, Multiple Sclerosis.
TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease.

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PATIENT NAME : MRS.AVADHANULA RAJ SAVERI
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XC002301
PATIENT ID : FH.13026413
CLIENT PATIENT ID: UID:13026413
ASHA NO : 1
AGE/SEX : 32 Years Female
DRAWN : 12/03/2024 09:39:00
RECEIVED : 12/03/2024 09:40:29
REPORTED : 12/03/2024 14:23:49
CLINICAL INFORMATION :
UID:13026413 REQNO-1675294
CORP-OPD
BILLNO-150124OPCR014376
BILLNO-150124OPCR014376
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Results
Biological Reference Interval
Units

Lower-than-normal levels may be due to Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, nephrotic syndrome, Protein-losing enteropathy etc.

ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.


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Patient Ref. No. 32000000908208

PATIENT NAME : MRS.AVADHANULA RAJ SAYERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC002301

PATIENT ID : FH.13026413

CLIENT PATIENT ID: UID:13026413

ASHA NO :

AGE/SEX : 32 Years Female

DRAWN : 12/03/2024 09:39:00

RECEIVED : 12/03/2024 09:40:29

REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294

CORP-OPD

BILLNO-1501240PCR014376

BILLNO-1501240PCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	158	< 200 Desirable 200 - 239 Borderline High ≥/ = 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	80	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥/ = 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	46	< 40 Low ≥/ = 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	95	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High ≥/ = 190 Very High	mg/dL
METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT			
NON HDL CHOLESTEROL	112	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	16.0	</ = 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	3.4	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			



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Email : -



Patient Ref. No. 22000000908208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI **REF. DOCTOR :**

CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZO FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0023XC002301	AGE/SEX : 32 Years Female
	PATIENT ID : FH.13026413	DRAWN : 12/03/2024 09:39:00
	CLIENT PATIENT ID: UID:13026413	RECEIVED : 12/03/2024 09:40:29
	ABHA NO : +	REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :
 UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-150124OPCR014376
 BILLNO-150124OPCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
LDL/HDL RATIO		2.1	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER				

Interpretation(s)

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 CIN - U74809PB1995PLC045956
 Email : -



Patient Ref. No. 22000000508208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XC002301	AGE/SEX : 32 Years Female
		PATIENT ID : PH.13026413	DRAWN : 12/03/2024 09:39:00
		CLIENT PATIENT ID: UID:13026413	RECEIVED : 12/03/2024 09:40:29
		ASHA NO :	REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :
 UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-1501240PCR014376
 BILLNO-1501240PCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL	PALE YELLOW
APPEARANCE METHOD : VISUAL	SLIGHTLY HAZY

CHEMICAL EXAMINATION, URINE

PH METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	7.0	4.7 - 7.5
SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PWA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	1.020	1.003 - 1.035
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-BROMOPHENOL-BLUE-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	NOT DETECTED	NOT DETECTED
KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROYER'S PRINCIPLE	NOT DETECTED	NOT DETECTED
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	DETECTED (TRACE) IN URINE	
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NOT DETECTED
UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRICH REACTION)	NORMAL	NORMAL
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY	NOT DETECTED	NOT DETECTED

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Patient Ref. No. 2200000908208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : CG00045507
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 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XC002301
PATIENT ID : FH.13026413
CLIENT PATIENT ID: UID:13026413
ASHA NO :

AGE/SEX : 32 Years Female
DRAWN : 12/03/2024 09:39:00
RECEIVED : 12/03/2024 09:40:29
REPORTED : 12/03/2024 14:23:49

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294
 CORP-OPD
 BILLNO-150124OPCR014376
 BILLNO-150124OPCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	DETECTED (OCCASIONAL)	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION	1-2	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	8-10	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	

REMARKS

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

Interpretation(s)

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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 226000009908208

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XC002373 PATIENT ID : PH.13026413 CLIENT PATIENT ID: UID:13026413 ABHA NO :	AGE/SEX : 32 Years Female DRAWN : 12/03/2024 12:12:00 RECEIVED : 12/03/2024 12:12:22 REPORTED : 12/03/2024 13:06:23

CLINICAL INFORMATION :
UID:13026413 REQNO-1675294
CORP-OPD
BILLNO-1501240PCR014376
BILLNO-1501240PCR014376

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY				
GLUCOSE, POST-PRANDIAL PLASMA				
PPBS(POST PRANDIAL BLOOD SUGAR)	79	70 - 140		mg/dL
METHOD : HEXOKINASE				

Comments

NOTE: POST PRANDIAL PLASMA GLUCOSE VALUES TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

Interpretation(s)

GLUCOSE, POST-PRANDIAL PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic Index & response to food consumed, Alimentary Hypoglycaemia, Increased insulin response & sensitivity etc. Additional test HbA1c

****End Of Report****

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Dr. Akshay Dhotre, MD
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CIN - U74699MH1995PLC045955
Email : -



Patient Ref. No. 22000000908280

PATIENT NAME : MRS.AVADHANULA RAJ SAVERI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XC002421

PATIENT ID : FH.13026413

CLIENT PATIENT ID: UID:13026413

ABHA NO : 1

AGE/SEX : 32 Years Female

DRAWN : 12/03/2024 14:58:00

RECEIVED : 12/03/2024 15:01:34

REPORTED : 13/03/2024 12:14:34

CLINICAL INFORMATION :

UID:13026413 REQNO-1675294

CORP-OPD

BILLNO-1501240PCR014376

BILLNO-1501240PCR014376

Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

CONVENTIONAL GYNEC CYTOLOGY

TWO UNSTAINED CERVICAL SMEARS RECEIVED

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SATISFACTORYSMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,
INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL CLUSTERS OF
ENDOCERVICAL CELLS IN THE BACKGROUND OF FEW POLYMORPHS.

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
SPP

METHOD : MICROSCOPIC EXAMINATION

Comments

PLEASE NOTE PAPANICOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL
CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED
WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

End Of Report

Please visit www.agilusdiagnostics.com for related Test Information for this accession


 Dr. Akshay Dhatre, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

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View Details



View Report

PERFORMED AT :

 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -


Patient Ref. No. 22000009508328

32 years

Female

VC

HC

Normal 

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 154
QRS 93
QT 368
QTc 409

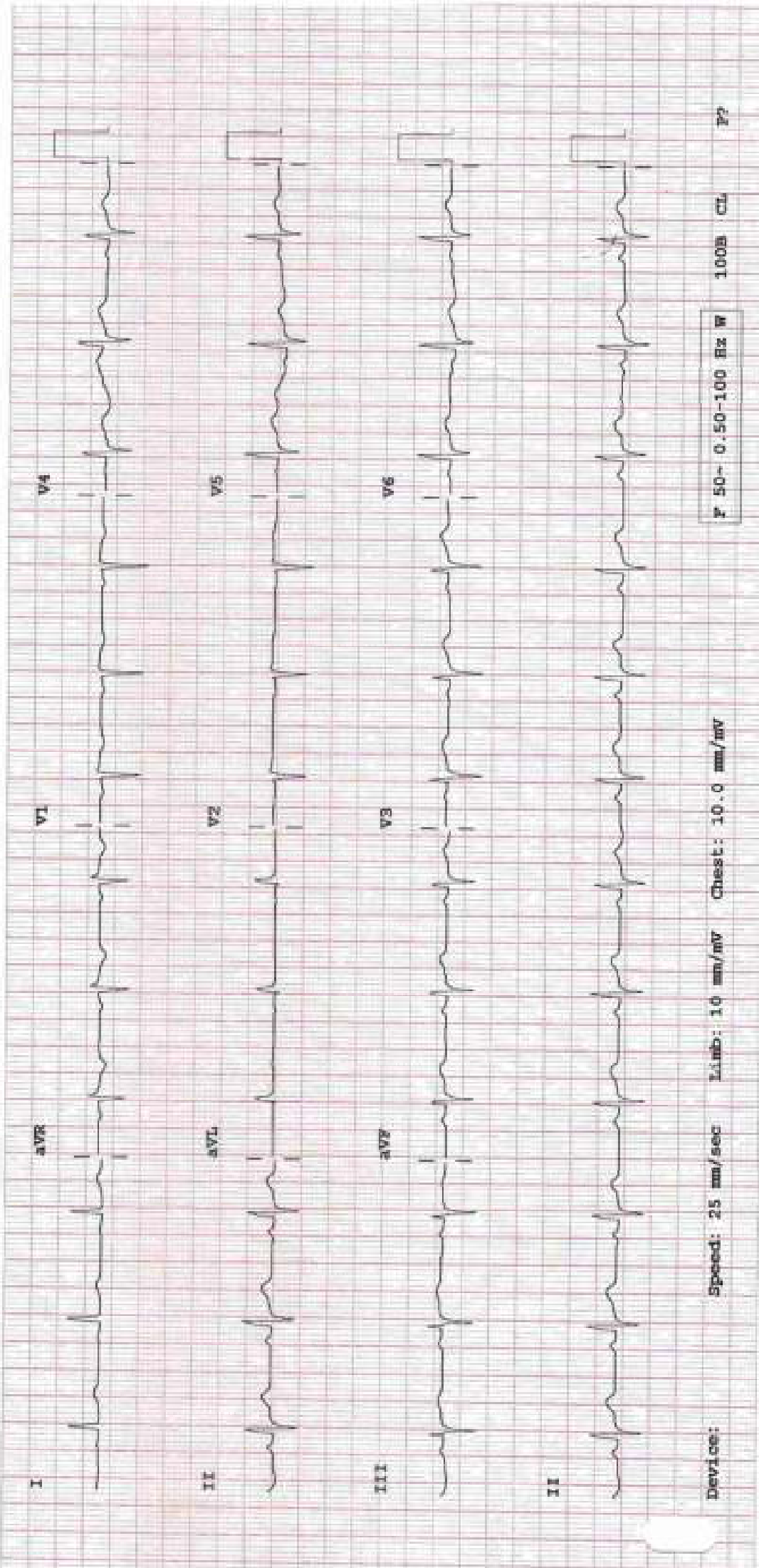
--AXIS--

P 71
QRS 4
T 59

12 Lead; Standard Placement

-- NORMAL ECG --

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

100B CL

P3



DEPARTMENT OF NIC

Date: 12/Mar/2024

Name: Mrs. Avadhanula Raj Saveri

UHID | Episode No : 13026413 | 14635/24/1501

Age | Sex: 32 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2403/30579 | 12-Mar-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 12-Mar-2024 17:58:13

Bed Name :


Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

Resting Heart rate	85 bpm
Resting Blood pressure	124/80 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	7 min 06 seconds
Maximum heart rate	162bpm
Maximum blood pressure	130/80mmHg
Workload achieved	10.10METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 10.10 METS AND 86 % OF MAXIMUM PREDICTED HEART RATE.


DR.PRASHANT PAWAR,
DNB(MED),DNB(CARD)

DR.AMIT SINGH,
MD(MED), DM(CARD)

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

Board Line: 022 - 39199222 | Fax: 022 - 39133220

Emergency: 022 - 39199100 | Ambulance: 1255

For Appointment: 022 - 39199700 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



Hiranandani
HOSPITAL
at Fortis Bandra Hospital

DEPARTMENT OF RADIOLOGY

Date: 12/Mar/2024

Name: Mrs. Avadhanula Raj Saveri

Age | Sex: 32 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 13026413 | 14635/24/1501

Order No | Order Date: 1501/PN/OP/2403/30579 | 12-Mar-2024

Admitted On | Reporting Date : 12-Mar-2024 12:02:26

Order Doctor Name : Dr.SELF.

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

DR. YOGINI SHAH
DMRD., DNB. (Radiologist)



Patient Name	: Avadhanula Raj Saveri	Patient ID	: 13026413
Sex / Age	: F / 32Y 7M 8D	Accession No.	: PHC.7669073
Modality	: US	Scan DateTime	: 12-03-2024 12:45:11
IPID No	: 14635/24/1501	ReportDatetime	: 12-03-2024 12:59:04

USG – WHOLE ABDOMEN

LIVER is normal in size and echogenicity. No IHBR dilatation. No focal lesion is seen in liver. Portal vein appears normal in caliber.

GALL BLADDER is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection.

CBD appears normal in caliber.

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.

Right kidney measures 10.5 x 4.3 cm.

Left kidney measures 10.8 x 5.4 cm.

PANCREAS is normal in size and morphology. No evidence of peripancreatic collection.

URINARY BLADDER is normal in capacity and contour. Bladder wall is normal in thickness. No evidence of intravesical calculi.

UTERUS is normal in size, measuring 7.6 x 5.0 x 3.4 cm.

Endometrium measures 5.2 mm in thickness.

Both ovaries are normal.

Right ovary measures 3.6 x 2.8 x 1.6 cm, volume 9 cc.

Left ovary measures 2.5 x 2.6 x 1.8 cm, volume 6.4 cc.

No evidence of ascites.

Impression:

- No significant abnormality is detected.


DR. CHETAN KHADKE

M.D. (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 12/Mar/2024

Name: Mrs. Avadhanula Raj Saveri

Age | Sex: 32 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 13026413 | 14635/24/1501

Order No | Order Date: 1501/PN/OP/2403/30579 | 12-Mar-2024

Admitted On | Reporting Date : 12-Mar-2024 13:56:55

Order Doctor Name : Dr.SELF.

US - BOTH BREAST

Findings:

Bilateral breast parenchyma appears normal.

No evidence of solid or cystic lesion.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- No significant abnormality detected.

DR. YOGINI SHAH

DMRD., DNB. (Radiologist)